

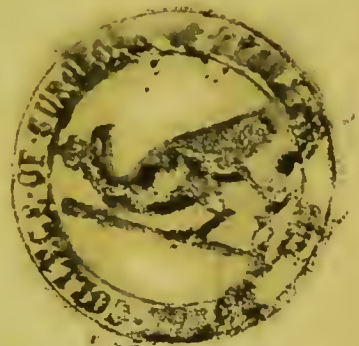
From the author

SUGGESTIONS
FOR
NATIONAL RETURNS
OF SICKNESS.

BY

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National Returns of Sickness.

THANKS to the invaluable aid which the press has of late years given to Sanitary Science by the diffusion of information upon matters affecting the public health, there is ground for believing that public opinion has been gradually educated up to a point which enables it now to perceive the importance of not a few measures that have long been held by sanitarians to be essential for the improvement of the conditions under which human life is sustained in this country.

Among other indications of this enlightenment it is noticeable that there is now a very general acceptance of the principle that in order to give increased effectiveness to the administration of our Sanitary Laws there should be National Returns of Sickness as well as National Returns of Death. Of these the latter have been amply provided for during the last thirty years by the Department to which the writer has the honour of belonging; the former are, at the most, as yet in embryo.

It is the object of this paper to offer such suggestions upon the mode in which information might be systematically obtained at a Central Office of the extent to

which disease prevails among the population, as have occurred to the writer from his practical experience of the working of an elaborate machinery for the collection and publication of facts intimately related to those now under consideration.

Very many difficulties would be involved in any attempt to deal with the sickness arising among those members of the community who are treated at their own charge by medical practitioners totally unconnected with any branch of public administration; and the proposals in this paper are confined entirely to cases of sickness occurring within the practice of Poor-Law Medical Officers, and of the Medical Officers of Charitable Institutions.

What is the nature and extent of the information obtainable from the sources last named; and how can it be rendered available?

Every Poor-Law Medical Officer, whether in charge of a district or a workhouse, is required by the Consolidated Orders of the Poor-Law Board to make a return to his Board of Guardians at each of their ordinary meetings, setting forth certain particulars embracing the nature, treatment, duration, and result of each case of sickness coming under his care. From most of the hospitals, infirmaries, dispensaries, and asylums throughout the country no doubt similar information could be obtained. It is not unlikely, also, that the co-operation of Friendly Societies, Odd Fellows, and other provident bodies, would in process of time be willingly afforded.

The extent of the information thus lying dormant may be gathered from the fact that there are in England and Wales about 3,200 Poor-Law Medical Officers; and these gentlemen treat on an average 3,500,000 cases of sickness per annum, according to an estimate made by Dr. Rogers, the President of the Poor-Law Medical Officers' Association. Then as regards the numerous Medical Charities undertaking the gratuitous or semi-gratuitous treatment of disease, the number of cases treated by them is evidently very large; for, taking the county of Lancaster as an example, it appears that no less than 211,000 in and out-patients were treated in 1868 in the several hospitals, infirmaries, and dispensaries of that county, as they were particularised in the *Medical Directory* for that year. And supposing the proportion of patients to population in Lancashire to be applicable to the whole population of England and Wales, it would follow that the number of patients treated annually by the Medical Charities of the country amounts to upwards of a million and a half. These being added to the cases of the Poor-Law Medical Officers would yield an aggregate of (in round numbers) five million cases of sickness per annum as occurring in the public medical practice of England and Wales. Of course no great exactitude is possible in an estimate of this kind, and it is offered only as a rough approximation, probably, to the truth.

In judging of the extent to which the information contained in the Medical Relief Books should be utilized for imperial purposes, it seems prudent to have consideration for what has been found practicable in that respect by those who have already essayed the

publication of Sickness Returns on a limited scale. Thus in 1857-8 there was a weekly publication by the General Board of Health of the new cases of sickness treated in the public practice of the Metropolis, the Return being compiled under the auspices of the Metropolitan Association of Medical Officers of Health. Certain of the London Health Officers—for instance, Dr. Ballard, of Islington; Dr. Druitt and Dr. Aldis, of St. George's, Hanover Square; Dr. Whitmore, of Marylebone; Dr. Buchanan and Dr. Ross, of St. Giles'; and Mr. Liddle, of Whitechapel—have continued to publish in their reports the number of new cases of diseases occurring within the public practice of their several districts. The Manchester and Salford Sanitary Association does the same for those two places; and Dr. Philipson, of Newcastle, collects the returns of cases treated by the Public Medical Officers of Newcastle and Gateshead, and publishes them under the auspices of the Northumberland and Durham Medical Society.

The character of the London Sickness Returns of 1857-8 may be gathered from a statement in the first Return of the series that “the aim is to enumerate specially the *New Cases of Acute Disease which come under treatment by the several Public Institutions of the Metropolis.*” The Return did not pretend to record the cases occurring in private practice, but private practitioners were informed that if they were willing to furnish notices of any remarkable outbreaks of disease, such notices would be gladly received and their substance would be incorporated in the Return.

The extent of the information which was supplied by this Weekly Return for London is here shown :

NEW CASES OF DISEASE.	London.	DIVISIONS.					KENSINGTON.			
		West Districts.	North Districts.	Central Districts.	East Districts.	South Districts.	Workhouse.	Out-Patient Paupers.	Kensington Dispensary.	Consumption Hospital.
Small Pox										
Chicken Pox										
Measles										
Scarlatina										
Whooping Cough ...										
Croup										
Diarrhæa										
Dysentery										
Cholera										
Ague										
Continued Fever ...										
Rheumatic Fever ...										
Erysipelas										
Delirium Tremens ...										
Insanity										
Bronchitis and Catarrh										
Diphtheria										
Pleurisy										
Pneumonia										
Puerperal Fever ...										
Pyæmia										
Carbuncle										
All other diseases ...										
Total										

And so on for every District.

In addition to the above facts, the elevation, population, area, and water-supply of each district were given; the results of meteorological observation at seven different stations were appended; and the

Return was invariably prefaced with a few remarks upon any circumstances worthy of notice.

Why this excellent series of Returns was discontinued has not been very satisfactorily explained; possibly public opinion was not at that time sufficiently strong in their favour to justify whatever expense was incurred by their publication.

It will be observed that, in the Returns of the London Health Officers, nothing was attempted beyond the record of the simple fact, that so many cases of certain forms of acute disease had occurred during the week in the practice of the Poor-Law Medical Officers and of the Medical Charities. Neither the *ages* of the patients, their *occupations*, the *duration* of their maladies, nor the results of *treatment*, had any place in the Return. And the same feature generally characterises those Sickness Returns to which reference has been made as being published at the present time; they state nothing more than that so many new cases of certain diseases have occurred within a given time.

It is, therefore, the writer's strong conviction that, should the publication of a National Return of Sickness be determined upon, it will be desirable, at the outset at least, to follow the plan which practical experience has proved to be a workable one. It will be easy to extend the scope of such publication by degrees as may be deemed expedient; but the wisdom of starting on the simplest possible basis in order that the machinery may be experimentally tested seems obvious.

Assuming, then, that the precedents quoted may be taken as a guide, it would be necessary that blank forms should be prepared and supplied for Local use ; such forms specifying the several diseases to be particularised. Possibly some modification of the list of diseases distinguished in the Weekly Returns of 1857-8 would be desirable, in order to satisfy the requirements of the new Nomenclature of Diseases lately issued to the profession.

As regards the local collection of facts and their transmission to the Central Office, two courses suggest themselves for consideration :—

The first of these would be, to call on the Medical Officers of every Poor-Law Union to take out from their Relief Books every Saturday night the number of new cases of sickness treated by them during the week then ended, to fill in the numbers on the prescribed form, and immediately to transmit it to the Central Office in London.

The alternative course would be to throw upon the Clerks to the several Boards of Guardians the duty of copying out the facts from the Medical Relief Books on the prescribed form, and of transmitting it to the Central Office.

The relative advantages and disadvantages of these two plans seem to be these : If the Medical Officers make the Return there will be no difficulty in the way of its being made *weekly*, whereas if the Union Clerks have to make it there will be this difficulty,

that in numerous cases the Medical Relief Books would not get into their hands oftener than once a *fortnight*, and so a *weekly* Return would be out of the question. Then, although the Union Clerks would be likely from their habit of regular and methodical working to transmit the Returns perhaps with more promptitude and regularity than could be expected from the Medical Officers (because of the exigencies and tendencies of their profession in respect of clerical work), it must be remembered on the other hand that the Medical Officers would be able to distinguish the nature of the diseases with much greater accuracy than could be expected of persons without knowledge of medical nomenclature.

On the whole it seems preferable that the Medical Officers should be responsible for the Local Returns, and there will probably be little difference of opinion as to the propriety of remunerating them for the labour thus devolving upon them.

Apart from the Sickness treated by the Poor-Law Medical Service is that treated by the Public Medical Charities, Friendly Societies, &c., throughout the country. If not at the outset, at least by degrees, the facts corresponding to those obtained from the Poor-Law Medical Service would perhaps be supplied by the medical authorities of the several institutions. The Central Office would, of course, communicate with those authorities, and would supply them with the necessary blank forms on obtaining the promise of their co-operation.

The frequency with which the Returns should be made to and issued by the Central Office is a matter of detail about which there appears to be no very definitely prevalent opinion. From a newspaper report of what took place at the interview not long since of a Deputation with the President of the Poor-Law Board, it would appear that the Deputation was in favour of the Returns being made *weekly* to the Central Office, but only published *annually*. The Medical Officer of the Privy Council, on the other hand, has expressed himself in his last Annual Report in favour of a *quarterly* Return. The writer's own very decided view is that if a Return of New Cases of Sickness is to be of any use to the Central Sanitary Authority it should be made as frequently as possible; not more seldom than once a *month* certainly, and preferentially once a *week*.

If a *weekly* Return should be resolved upon, the Returns from the several Local sources would have to be filled up and despatched to the Central Office (as a rule) on Saturday evening. Making due allowance for cases in which the Returns would be delayed, either by want of postal facilities or from other causes, it is not likely that all the Returns would be received at the Central Office before Wednesday. The process of sorting and arranging the Returns in proper numerical order would have to be gone through preparatory to sending them as manuscript to the printer. Looking at the mass of material thus concentrated, it is clear that a staff would need to be provided adequate to the work of sorting and arranging the Returns for press and for reading proof afterwards,

so that no delay should take place in getting the results into print. With an efficient staff (which does not necessarily mean a large one) there is no reason why the published Return for the whole country should not be got out within a week after the date to which the facts refer; that is to say, the Return for the week ending Saturday, January 29, would be published on Saturday, February 5.

A suitable form of publication is indicated very nearly by the Weekly Return of Sickness already alluded to as having been prepared by the London Medical Officers of Health, and published by the General Board of Health in 1857-8.

Upon a careful consideration of the whole subject, it appears to be quite practicable to obtain Returns of Sickness on the basis proposed in this paper, and to make known the results to the public by the issue of a *Weekly Return* from a Central Office in London, in the same manner as the Registrar General publishes his Weekly Return of Deaths.

GENERAL REGISTER OFFICE,

SOMERSET HOUSE,

January 31, 1870.